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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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EXAMINER	
NAJARIAN, LENA	
ART UNIT	**PAPER NUMBER**
3626	

DATE MAILED: 06/07/2005

Please find below and/or attached an Office communication concerning this application or proceeding.

Office Action Summary	Application No.	Applicant(s)	
	09/760,917	HAQ, MOHAMED M.	
	Examiner	Art Unit	
	Lena Najarian	3626	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If the period for reply specified above is less than thirty (30) days, a reply within the statutory minimum of thirty (30) days will be considered timely.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1)☒ Responsive to communication(s) filed on *16 January 2001*.

2a)☐ This action is **FINAL**. 2b)☒ This action is non-final.

3)☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4)☒ Claim(s) *1-38* is/are pending in the application.

4a) Of the above claim(s) _____ is/are withdrawn from consideration.

5)☐ Claim(s) _____ is/are allowed.

6)☒ Claim(s) *1-38* is/are rejected.

7)☐ Claim(s) _____ is/are objected to.

8)☐ Claim(s) _____ are subject to restriction and/or election requirement.

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Application Papers

9)☒ The specification is objected to by the Examiner.

10)☒ The drawing(s) filed on *16 January 2001* is/are: a)☐ accepted or b)☒ objected to by the Examiner.

Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

11)☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

12)☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

a)☐ All b)☐ Some * c)☐ None of:

1.☐ Certified copies of the priority documents have been received.

2.☐ Certified copies of the priority documents have been received in Application No. _____.

3.☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1) ☒ Notice of References Cited (PTO-892)
2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
3) ☒ Information Disclosure Statement(s) (PTO-1449 or PTO/SB/08) Paper No(s)/Mail Date *20010116*.
4) ☐ Interview Summary (PTO-413) Paper No(s)/Mail Date. _____.
5) ☐ Notice of Informal Patent Application (PTO-152)
6) ☐ Other: _____.

5.2.01

DETAILED ACTION

Drawings

1. The drawings are objected to as failing to comply with 37 CFR 1.84(p)(5) because they include the following reference character(s) not mentioned in the description: Fig. 3, item 332. Corrected drawing sheets, or amendment to the specification to add the reference character(s) in the description, are required in reply to the Office action to avoid abandonment of the application. Any amended replacement drawing sheet should include all of the figures appearing on the immediate prior version of the sheet, even if only one figure is being amended. The replacement sheet(s) should be labeled "Replacement Sheet" in the page header (as per 37 CFR 1.84(c)) so as not to obstruct any portion of the drawing figures. If the changes are not accepted by the examiner, the applicant will be notified and informed of any required corrective action in the next Office action. The objection to the drawings will not be held in abeyance.

Specification

2. Applicant is reminded of the proper language and format for an abstract of the disclosure.

The abstract should be in narrative form and generally limited to a single paragraph on a separate sheet within the range of 50 to 150 words. It is important that the abstract not exceed 150 words in length since the space provided for the abstract on the computer tape used by the printer is limited. The form and legal phraseology often used in patent claims, such as "means" and "said," should be avoided. The abstract should describe the disclosure sufficiently to assist readers in deciding whether there is a need for consulting the full patent text for details.

The language should be clear and concise and should not repeat information given in the title. It should avoid using phrases which can be implied, such as, "The disclosure concerns," "The disclosure defined by this invention," "The disclosure describes," etc.

The abstract of the disclosure is objected to because of its length exceeding 150 words and legal phraseology, such as "means". Correction is required. See MPEP § 608.01(b).

Claim Rejections - 35 USC § 112

3. The following is a quotation of the second paragraph of 35 U.S.C. 112:

> The specification shall conclude with one or more claims particularly pointing out and distinctly claiming the subject matter which the applicant regards as his invention.

4. Claims 4-5, 9-11, and 14 are rejected under 35 U.S.C. 112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention.

5. Claims 4-5, 9-11, and 14 recite the limitations for which there is no antecedent basis in the claims. In particular, the following passages lack or have vague antecedent basis:

(i) "the drugs": claim 4, lines 4 & 7;

claim 9, lines 5 & 8;

claim 11, lines 4 & 7;

claim 14, lines 4 & 6-7.

(ii) Claim 5 incorporates the deficiencies of claim 4, through dependency, and is also rejected.

(iii) Claim 10 incorporates the deficiencies of claim 9, through dependency, and is also rejected.

Claim Rejections - 35 USC § 102

6. The following is a quotation of the appropriate paragraphs of 35 U.S.C. 102 that form the basis for the rejections under this section made in this Office action:

> A person shall be entitled to a patent unless –
>
> (a) the invention was known or used by others in this country, or patented or described in a printed publication in this or a foreign country, before the invention thereof by the applicant for a patent.

7. Claims 1-8, 14-15, 18, 20-21, 24, 27, and 29-37 are rejected under 35 U.S.C. 102(a) as being anticipated by Leet (6,000,828).

(A) Referring to claim 1, Leet discloses a computer system for assisting a physician comprising (col. 16, lines 25-28 of Leet):

computer processor means for processing data (col. 1, lines 5-7 of Leet);

data storage means for storing data on a storage medium (Fig. 1 and col. 5, lines 30-47 of Leet);

first means for processing data regarding a patient, a diagnosis regarding the patient, and a treatment plan for the patient and for using such data to (a) generate alarms if the diagnosis or treatment plan is inappropriate and to (b) provide advice regarding the diagnosis and treatment plan (col. 1, lines 5-11 & 45-49 of Leet; the Examiner interprets "recommended treatments" to be a form of "advice");

second means for processing data regarding the alarms and advice and for using such data to communicate the alarms and advice to the physician (col. 17, lines 15-20

of Leet; the Examiner interprets "alerting" to be a form of "alarms" and "approved treatment" to be a form of "advice");

third means for processing data regarding the treatment plan and using such data to implement the treatment plan (col. 1, lines 32-37 of Leet); and

fourth means for processing data regarding the patient, the diagnosis regarding the patient, and the treatment plan, and storing such data on the data storage means (col. 3, lines 26-40 of Leet).

(B) Referring to claim 2, Leet discloses wherein the first means for processing data comprises:

a suggest diagnosis means for processing data using a subset of the patient data to access a suggested diagnosis database to retrieve a suggested diagnosis (col. 3, lines 26-40 of Leet); and

a check diagnosis means for processing data for comparing the diagnosis to the suggested diagnosis and for generating an alarm if there is a substantial difference (col. 17, lines 15-20 of Leet).

(C) Referring to claim 3, Leet discloses wherein the first means for processing data comprises:

a find standard diagnostic criteria means for processing data using a subset of the diagnosis to access a standard diagnosis criteria database to produce a standard diagnosis criteria (col. 3, lines 26-40 of Leet).

(D) Referring to claim 4, Leet discloses wherein the treatment plan includes a prescription and the first means for processing data comprises:

a get drug data means for processing data using a subset of the patient data to retrieve from a pharmacy the drugs prescribed for the patient and from the data storage means an identification of other drugs that the patient is taking; and

an interaction checking means for processing data to access a drug interaction database with (a) the drugs prescribed for the patient, (b) the other drugs that the patient is taking, and (c) the prescription, to produce an alarm if there is an indication of an interaction (col. 18, line 49 – col. 19, line 12 of Leet; the Examiner interprets "drug order" to be a form of "prescription" and "message" to be a form of "alarm").

(E) Referring to claim 5, Leet discloses wherein the interaction checking means comprises mitigating means for suggesting methods to mitigate the interaction; and alternative recommendation means for suggesting alternative drugs with no interaction (col. 25, lines 18-61 of Leet).

(F) Referring to claim 6, Leet discloses wherein the first means for processing data comprises:

a get patient data means for processing data for accessing the data storage means to retrieve stored data regarding the patient;

a find treatment means for processing data for accessing a treatment protocol database using a subset of the patient data and a subset of the stored patient data to retrieve a recommended treatment protocol (abstract of Leet).

(G) Referring to claim 7, Leet discloses wherein the first means for processing data comprises:

a get patient data means for processing data for accessing the data storage means to retrieve stored data regarding the patient;

a treatment search means for processing data for accessing a treatment recommendation database using a subset of the patient data and a subset of the stored patient data to retrieve a treatment individualization recommendation (col. 12, line 50 – col. 13, line 1 of Leet).

(H) Referring to claim 8, Leet discloses wherein the diagnosis comprises a prescription and the first means for processing data comprises:

a get lab data means for processing data using a subset of the patient data to acquire laboratory results from a laboratory (col. 11, lines 36-40 of Leet);

a find dosage means for processing data for using the lab results, a subset of the patient data, the prescription and data regarding the patient stored on the data storage means to access a recommended dosage database to produce a recommended dosage for the prescription (col. 18, line 67 – col. 19, line 5 of Leet).

(I) Referring to claim 14, Leet discloses wherein the treatment plan comprises a prescription and the first means for processing data comprises:

a get drug data means for processing data using a subset of the patient data to retrieve from a pharmacy the drugs prescribed for the patient and from the data storage means an identification of other drugs that the patient is taking; and

a drug cost means for processing data to access a drug cost database with (a) the drugs prescribed for the patient, (b) the other drugs that the patient is taking, and (c) the prescription, to produce an alarm if there is an indication that the patient is spending

more on drugs than is necessary and to make a recommendation for a lower cost drug (col. 18, line 49 – col. 19, line 12 and col. 32, lines 35-49 of Leet).

(J) Referring to claim 15, Leet discloses wherein the first means for processing data comprises a check risks means for processing data using a subset of the patient data to access a risk data base to produce a risk reduction recommendation for the patient (abstract, lines 1-9 of Leet; the Examiner interprets "rankings" to be a form of "recommendation").

(K) Referring to claim 18, Leet discloses wherein the third means comprises a personal communicator (col. 4, lines 63-66 of Leet; the Examiner interprets "personal computer" to be a form of "personal communicator").

(L) Referring to claim 20, Leet discloses wherein the personal communicator comprises a personal computer (col. 4, lines 63-66 of Leet).

(M) Referring to claim 21, Leet discloses wherein the personal communicator comprises a PC database for storing patient data (col. 17, lines 24-29 of Leet).

(N) Referring to claim 24, Leet discloses wherein the third means communicates with the computer processor means through a communications media (Fig. 1, item 54 of Leet; the Examiner interprets "modem" to be a form of "communications media").

(O) Referring to claim 27, Leet discloses wherein the communications media is a wired communications media (Fig. 1, items 46 & 54 of Leet).

(P) Referring to claim 29, Leet discloses wherein the data stored on the data storage means comprises:

a suggested diagnosis database (col. 8, lines 10-11 of Leet);

a standard diagnostic criteria database (col. 3, lines 26-40 of Leet);

a drug interaction database (col. 18, line 49 – col. 19, line 12 of Leet);

a treatment protocol database (abstract, lines 1-4 of Leet);

a treatment recommendation database (col. 1, lines 9-11 of Leet);

a recommended dosage database (col. 18, line 67 – col. 19, line 5 of Leet);

a drug cost database (col. 32, lines 35-49 of Leet); and

a risk database (abstract, lines 1-9 of Leet).

(Q) Referring to claim 30, Leet discloses wherein the first means has access to one ore more of the following via the Internet (col. 6, lines 5-9 of Leet):

a suggested diagnosis database (col. 8, lines 10-11 of Leet);

a standard diagnostic criteria database (col. 3, lines 26-40 of Leet);

a drug interaction database (col. 18, line 49 – col. 19, line 12 of Leet);

a treatment protocol database (abstract, lines 1-4 of Leet);

a treatment recommendation database (col. 1, lines 9-11 of Leet);

a recommended dosage database (col. 18, line 67 – col. 19, line 5 of Leet);

a drug cost database (col. 32, lines 35-49 of Leet); and

a risk database (abstract, lines 1-9 of Leet).

(R) Referring to claim 31, Leet discloses wherein the third means comprises an ICD determination means for processing a subset of the patient data, a subset of the diagnosis and a subset of the treatment plan to determine an ICD (col. 1, lines 23-28, col. 7, lines 39-46, and Table 1 of Leet).

(S) Referring to claim 32, Leet discloses wherein the treatment plan comprises a prescription and an order, the patient data comprises an ICD, and the third means comprises one or more of the following: a print prescription means for processing data for using the prescription to print a prescription form; an inform pharmacy means for processing data for using the prescription to inform a pharmacy of the prescription; a store data means for processing data to store patient data on a hospital computer; an enter order means for processing data to enter the order in a physician order entry system; a save ICD means for processing data to save the ICD in a business office (col. 18, line 49 – col. 19, line 18 and col. 34, lines 16-18 of Leet).

(T) Referring to claim 33, Leet discloses a computerized method for providing assistance to a physician who has gathered data from a patient, made a diagnosis, and prepared a treatment plan, the treatment plan comprising one or more of the following: (a) a prescription, (b) radiology tests, (c) X-rays, and (d) a treatment protocol, the method being accomplished using a personal communicator, a computer processor coupled to the personal communicator through a communications media, a data storage media coupled to the computer processor, and Internet resources coupled to the computer processor, the method comprising (Fig. 1 of Leet):

entering patient data, a diagnosis and a treatment plan into the personal communicator;

selecting, through the personal communicator, one or more of the following actions: implementing the treatment plan;

consulting resources to produce an alarm and a recommendation, displaying the alarm and the recommendation, and allowing the physician to revise the diagnosis and treatment plan based on the alarm and the recommendation (col. 1, lines 5-11, 32-37, and 45-49 and col. 17, lines 15-20 of Leet).

(U) Referring to claim 34, Leet discloses wherein implementing the treatment plan comprises one or more of the following printing a prescription; informing a pharmacy of the prescription; storing the patient data, the diagnosis, and the treatment plan on a hospital computer; entering an order into a physician order entry system; and saving an ICD in a business office (col. 34, lines 16-18 and col. 18, lines 54-66 of Leet).

(V) Referring to claim 35, Leet discloses wherein consulting resources to produce an alarm and a recommendation comprises offering the physician consultation choices; communicating a subset of the patient data, the diagnosis, the treatment plan and the consultation choice to the computer processor; processing the patient data, the diagnosis and the treatment plan in accordance with the consultation choice to produce alarms and advice; communicating the alarms and advice to the personal communicator (col. 17, lines 15-29 of Leet).

(W) Referring to claim 36, Leet discloses wherein processing the patient data, the diagnosis and the treatment plan in accordance with the consultation choice to produce alarms and advice comprises the following actions: checking the accuracy of the diagnosis; reviewing standard diagnostic criteria; checking the appropriateness of prescribed medication; reviewing recommended treatment protocols; reviewing individualization recommendations; recommending dose adjustments; checking for

adverse medication interactions; and checking the cost of prescribed medications (col. 3, lines 26-40 and col. 18, line 57 – col. 19, line 13 of Leet).

(X) Referring to claim 37, Leet discloses accepting clinical notes regarding the patient (col. 3, lines 36-40 of Leet).

Claim Rejections - 35 USC § 103

8. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

> (a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.

9. Claims 9-10 are rejected under 35 U.S.C. 103(a) as being unpatentable over Leet (6,000,828) as applied to claim 1, and further in view of Portwood et al. (5,950,630).

(A) Referring to claim 9, Leet discloses wherein the patient data comprises foods the patient eats, the treatment plan comprises a prescription and the first means for processing data comprises (Table IV of Leet; the Examiner interprets "diet" to be a form of "foods the patient eats"):

a get drug data means for processing data using a subset of the patient data to retrieve from a pharmacy the drugs prescribed for the patient and from the data storage means an identification of other drugs that the patient is taking; and

an interaction checking means for processing data to access a database with (a) the drugs prescribed for the patient, (b) the other drugs that the patient is taking, and (c)

the prescription, to produce an alarm if there is an indication of an interaction (col. 18, line 49 – col. 19, line 12 of Leet; the Examiner interprets "drug order" to be a form of "prescription" and "message" to be a form of "alarm").

Leet does not disclose that there is a drug/food interaction database.

Portwood discloses drug-food interaction tests (col. 6, lines 63-67 of Portwood).

At the time of the invention, it would have been obvious to a person of ordinary skill in the art to combine the feature of Portwood within Leet. The motivation for doing so would have been to ascertain if the drug regimen is within recommended ranges and to determine if any drug/food interaction problems exist (col. 6, lines 59-61 of Portwood).

(B) Referring to claim 10, Leet discloses wherein the interaction checking means includes a recommendation means for recommending a drug that will not have an interaction (col. 25, lines 18-61 of Leet).

10. Claims 11-13, 22, and 38 are rejected under 35 U.S.C. 103(a) as being unpatentable over Leet (6,000,828) as applied to claims 1, 18, 21, 33-34, and 37, and further in view of Evans (5,924,074).

(A) Referring to claim 11, Leet discloses wherein the treatment plan comprises a prescription and the first means for processing data comprises:

a get drug data means for processing data using a subset of the patient data to retrieve from a pharmacy the drugs prescribed for the patient and from the data storage means an identification of other drugs that the patient is taking; and

a checking means for processing data to access a database with (a) the drugs prescribed for the patient, (b) the other drugs that the patient is taking, and (c) the prescription, to produce an alarm if there is an indication of an interaction (col. 18, line 49 – col. 19, line 12 of Leet; the Examiner interprets "drug order" to be a form of "prescription" and "message" to be a form of "alarm").

Leet does not disclose a radiology/drug interaction database and radiology tests.

Evans discloses the usage of x-rays when prescribing medications (col. 5, lines 13-22 if Evans).

At the time of the invention, it would have been obvious to a person of ordinary skill in the art to combine the feature of Evans within Leet. The motivation for doing so would have been for the physician to obtain additional clinical data, such as x-rays before recommending a treatment plan (col. 5, lines 40-46 of Evans).

(B) Referring to claim 12, Leet does not disclose wherein the treatment plan comprises an order for X-rays and the first means for processing data comprises a check X-rays means for processing data using a subset of the patient data to acquire laboratory results from a laboratory and for accessing an X-ray contraindication database with the laboratory results and the order for X-rays to produce a contraindication and to process the contraindication to produce an alarm.

Evans discloses wherein the treatment plan comprises an order for X-rays and the first means for processing data comprises a check X-rays means for processing data using a subset of the patient data to acquire laboratory results from a laboratory and for accessing an X-ray contraindication database with the laboratory results and the

order for X-rays to produce a contraindication and to process the contraindication to produce an alarm (col. 5, lines 42-55, col. 12, lines 10-17 of Evans; the Examiner interprets "warning" to be a form of "alarm").

At the time of the invention, it would have been obvious to a person of ordinary skill in the art to combine the feature of Evans within Leet. The motivation for doing so would have been to alert the physician to investigate the effects of the treatment (col. 12, lines 17-19 of Evans).

(C) Referring to claim 13, Leet does not disclose wherein the check X-rays means for processing data also processes the contraindication to produce a recommendation.

Evans discloses wherein the check X-rays means for processing data also processes the contraindication to produce a recommendation (col. 12, lines 10-34 of Evans).

At the time of the invention, it would have been obvious to a person of ordinary skill in the art to combine the feature of Evans within Leet. The motivation for doing so would have been to allow the physician to investigate the effects of the medication and select another medication from the list (col. 12, lines 10-34 of Evans).

(D) Referring to claim 22, Leet does not disclose wherein the PC database is protected by a first security system; and the data storage means is protected by a second security system.

Evans discloses wherein the PC database and the data storage means are protected by several levels of security (col. 15, lines 22-32 of Evans).

At the time of the invention, it would have been obvious to a person of ordinary skill in the art to combine the feature of Evans within Leet. The motivation for doing so would have been to provide superior protection of patient data (col. 15, lines 29-32 of Evans).

(E) Referring to claim 38, Leet does not disclose wherein accepting the clinical notes comprises recording a spoken rendering of the clinical notes.

Evans discloses wherein accepting the clinical notes comprises recording a spoken rendering of the clinical notes (col. 9, lines 1-4 of Evans; the Examiner interprets "physician's dictation" to be a form of "spoken rendering of the clinical notes").

At the time of the invention, it would have been obvious to a person of ordinary skill in the art to combine the feature of Evans within Leet. The motivation for doing so would have been to include patient data in a variety of data types generated by healthcare providers (col. 8, lines 65-66 of Evans).

11. Claim 23 is rejected under 35 U.S.C. 103(a) as being unpatentable over Leet (6,000,828) as applied to claims 1 and 18, and further in view of Barry et al. (6,081,786).

(A) Referring to claim 23, Leet does not disclose wherein the personal communicator comprises a display, the display comprising a red alert area, where alarms regarding the potential for a major adverse effect are displayed; and a yellow alert area, where alarms regarding the potential for a minor effect or need for closer monitoring are displayed.

Barry discloses wherein the personal communicator comprises a display, the display comprising a red alert area, where alarms regarding the potential for a major

adverse effect are displayed; and a yellow alert area, where alarms regarding the potential for a minor effect or need for closer monitoring are displayed (col. 14, lines 16-22 & 43-47 of Barry).

At the time of the invention, it would have been obvious to a person of ordinary skill in the art to combine the feature of Barry within Leet. The motivation for doing so would have been to provide an instant graphical warning level (col. 14, lines 42-43 of Barry).

12. Claims 19 and 28 are rejected under 35 U.S.C. 103(a) as being unpatentable over Leet (6,000,828) as applied to claims 1, 18, 24, and 27, and further in view of Hohnloser (US 2003/0065241 A1).

(A) Referring to claim 19, Leet does not disclose wherein the personal communicator comprises a personal digital assistant.

Hohnloser disclose wherein the personal communicator comprises a personal digital assistant (para. 13, lines 1-5 of Hohnloser).

At the time of the invention, it would have been obvious to a person of ordinary skill in the art to combine the feature of Hohnloser within Leet. The motivation for doing so would have been to provide the system in a portable manner (para. 13, lines 1-10 of Leet).

(B) Referring to claim 28, Leet does not disclose wherein the wired communications media comprises one or more of the following types of media: twisted pair cable, coax cable, or optical cable.

Hohnloser discloses wherein the wired communications media comprises one or more of the following types of media: twisted pair cable, coax cable, or optical cable (para. 13, lines 10-19 of Hohnloser).

At the time of the invention, it would have been obvious to a person of ordinary skill in the art to combine the feature of Hohnloser within Leet. The motivation for doing so would have been to provide a cable that best fits the system requirements.

13. Claims 25-26 are rejected under 35 U.S.C. 103(a) as being unpatentable over Leet (6,000,828) as applied to claims 1, 18, and 24, and further in view of Brown (US 6,440,068 B1).

(A) Referring to claims 25 and 26, Leet does not disclose wherein the communications media is a wireless communications media and wherein the wireless communications media comprises one or more of the following types of media: RF, optical or infrared.

Brown discloses wherein the communications media is a wireless communications media and wherein the wireless communications media comprises one or more of the following types of media: RF, optical or infrared (col. 4, lines 24-26 and 34-38 of Brown).

At the time of the invention, it would have been obvious to a person of ordinary skill in the art to combine the feature of Brown within Leet. The motivation for doing so would have been to enable wireless transmission of data (col. 4, lines 24-26 of Brown).

14. Claims 16-17 are rejected under 35 U.S.C. 103(a) as being unpatentable over Leet (6,000,828) as applied to claim 1, and further in view of Abreu (US 2001/0056359 A1).

(A) Referring to claim 16, Leet does not disclose a means for processing data through which a patient has access to data regarding the patient stored on the storage means.

Abreu discloses a means for processing data through which a patient has access to data regarding the patient stored on the storage means (para. 235 of Abreu).

At the time of the invention, it would have been obvious to a person of ordinary skill in the art to combine the feature of Abreu within Leet. The motivation for doing so would have been to alert the patient about potential problems with the products they are using (para. 235, lines 1-3 of Abreu).

(B) Referring to claim 17, Leet does not disclose wherein the patient has access to the first means.

Abreu discloses wherein the patient has access to the first means (para. 235, para. 301 and para. 313. lines 39-43).

At the time of the invention, it would have been obvious to a person of ordinary skill in the art to combine the feature of Abreu within Leet. The motivation for doing so would have been to alert the patient about potential problems with the products they are using (para. 235, lines 1-3 of Abreu).

Conclusion

15. The prior art made of record and not relied upon is considered pertinent to applicant's disclosure. The cited but not applied prior art teaches a health care management system for managing medical treatments and comparing user-proposed

and recommended resources required for treatment (5,583,758) and a medical database for litigation (6,128,620).

Also included is provisional application 60/182,000, which is a priority document to applied reference US-2001/0056359 A1 (Abreu).

16. Any inquiry concerning this communication or earlier communications from the examiner should be directed to Lena Najarian whose telephone number is (703) 305-0260. The examiner can normally be reached on Monday - Friday, 8:30 am - 5:00 pm.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas can be reached on (703) 305-9588. The fax phone number for the organization where this application or proceeding is assigned is 703-872-9306.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free).

ln
1-5-05

JOSEPH THOMAS
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